

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

5/4

05-04-2005 90114 029 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000109482</b> 1. Entity Name <b>LIL'S CLEANING INC.</b>					
Principal Place of Business <b>6760 JUPITER GARDENS BLVD          JUPITER, FL 33458</b>			Mailing Address <del>PO BOX 31732</del> <b>PALM BEACH GARDENS, FL 33420</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6760 Jupiter Gardens Blvd</b> Suite, Apt. #, etc.		<b>66022239</b> 	
City & State		City & State <b>JUPITER - FL</b>		4. FEI Number <b>20-1406064</b>	
Zip <b>33458</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WOLL, TONI          6760 JUPITER GARDENS BLVD          JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>WOLL, TONI D</b> STREET ADDRESS <b>6760 JUPITER GARDENS BLVD</b> CITY- ST- ZIP <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>WOLL, MARY C</b> STREET ADDRESS <b>5800 FERNLEY FOUR, UNIT 10</b> CITY- ST- ZIP <b>WEST PALM BEACH, FL 33461</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Chirina Lopez</i> President			4/29/05 561-629-6101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>					